

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4380HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/08/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABC HOME HEALTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6370 W FLAMINGO RD STE 5C LAS VEGAS, NV 89103</b>		
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H 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of a State Relicensure survey conducted in your facility from 4/6/11 to 4/8/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Nine patient files were reviewed. Fifteen employee files were reviewed.</p> <p>The following regulatory deficiency was identified:</p>	H 00		
H152	<p><b>449.782 Personnel Policies</b></p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or</p>	H152		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	<p>Continued From page 1</p> <p>the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 &lt;<a href="http://www.leg.state.nv.us/NRS/NRS-449.html">http://www.leg.state.nv.us/NRS/NRS-449.html</a>&gt;;</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188 &lt;<a href="http://www.leg.state.nv.us/NRS/NRS-449.html">http://www.leg.state.nv.us/NRS/NRS-449.html</a>&gt;.</p> <p>3. The administrator of, or the person</p>	H152			

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H152	<p>Continued From page 2</p> <p>licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 &lt;<a href="http://www.leg.state.nv.us/NRS/NRS-449.html">http://www.leg.state.nv.us/NRS/NRS-449.html</a>&gt; and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency</p>	H152			

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H152	<p>Continued From page 3</p> <p>or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>(Added to NRS by 1997, 442; A 1999, 1946 &lt;<a href="http://www.leg.state.nv.us/Statutes/70th/Stats199912.html">http://www.leg.state.nv.us/Statutes/70th/Stats199912.html</a>&gt;; 2005, 2170 &lt;<a href="http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html">http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html</a>&gt;)</p> <p>Based on record review and staff interview, the agency failed to provide criminal background checks on employees as required by statute for 3 of 15 employees. (Employees #1, #8 and #9)</p> <p>1. On 4/7/11, during review of personnel files, the following employee files were found to be missing the required documentation:</p> <p>2. Employee #1: The file was missing the letter of clearance from the Nevada Central Repository for Nevada Records of Criminal History conducted by the Department of Public Safety and the Federal Bureau of Investigations (FBI).</p> <p>3. Employee #8: The file was missing the letter of clearance from the FBI.</p> <p>4. Employee #9: The file was missing the letter of clearance from the FBI.</p> <p>Scope: 1 Severity: 2</p>	H152			
H153	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written</p>	H153			

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H153	<p>Continued From page 4</p> <p>policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of</p>	H153			

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H153	<p>Continued From page 5</p> <p>examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on personnel record review and staff interview, the agency failed to insure that all tuberculin skin testing that occurred through the agency, when read, included measurements in the determination of negative test results as required by direction in the interpretive guidelines of NAC 441A. The agency also did not require post- positive skin test follow-up with chest x-rays</p>	H153			

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H153	<p>Continued From page 6</p> <p>and prehire physicals as required by statute for 6 of 15 employees. (Employees #2, #5, #6, #13, #14 and #15)</p> <p>1. Employee #2- review of the personnel records revealed no radiographic evidence of no active disease as is required by Nevada Administrative Code.</p> <p>2. Employee #5- review of the personnel records revealed that the tuberculin skin testing recorded by staff of the agency did not include the proof of alleged previous positive tuberculin skin tests, measured in millimeters of the results of the testing and subsequent radiographic evidence of no active disease as is required by Nevada Administrative Code.</p> <p>3. Employee #14- review of the personnel records revealed no documentation of a second step tuberculin skin test or two consecutive annual tuberculin skin tests as is required by Nevada Administrative Code.</p> <p>4. Employees #6, #13 and #15- review of the personnel records revealed no documented evidence of prehire physicals having been conducted as is required by Nevada Administrative Code.</p> <p>Scope: 2 Severity: 2</p>	H153			

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